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APPLICANTS

Ronnie Klein, Haifa, ISRAEL;

Amnon Weichselbaum, Haifa, ISRAEL;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY ISRAEL	SHEETS DRAWING 2	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature <u>[Signature]</u> Initials			

ADDRESS

AIR MAIL

32964  
 DEKEL PATENT LTD., DAVID KLEIN  
 BEIT HAROF'IM  
 18 MENUHA VENAHALA STREET, ROOM 27  
 REHOVOT ,  
 76209  
 ISRAEL

TITLE

Syringe pump

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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